

# RECOMMENDATION FORM KINDERGARTEN-GRADE 1

**Independent Education**  
Common Recommendation Form for Students Applying to Independent Schools

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School to receive recommendation: Alexandria Country Day School Applying for Grade \_\_\_\_\_

Name of Respondent \_\_\_\_\_

My relationship has been that of: \_\_\_\_\_ I have known this student for \_\_\_\_\_ months/years.

**FOR PARENT/GUARDIAN:** I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my or my child's application to attend the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PERSONS SUBMITTING RECOMMENDATION:** The School would appreciate your candid assessment of the applicant's abilities. If the applicant or applicant's parent has signed the waiver above, your recommendation will be kept confidential to the extent permitted by law.

**PURPOSE:** The items below ask for your sense of this student's social, physical, and pre-academic skill development. Please use the check boxes to show gradations within each category. This form provides one way of getting to know the child and is reviewed with the full awareness that young children are constantly changing and developing. Thank you for your thoughtful attention to this request.

<b>SOCIAL DEVELOPMENT</b>	<b>Advanced for age</b>	<b>Appropriate for age</b>	<b>Needs development</b>	<b>Not at acceptable level</b>	<b>Comments</b>
Can be a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is supportive of peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays alone happily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperates at play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the capacity to lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the capacity to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses material purposefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is comfortable with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates self-control in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates self-control on playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to re-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects property of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>PHYSICAL DEVELOPMENT</b>					<b>Comments</b>
Speech & language development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What frustrates this child?  
\_\_\_\_\_  
\_\_\_\_\_

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What are the first words that come to mind when describing this child?

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<b>PRE-ACADEMIC SKILL DEVELOPMENT</b>	<b>Advanced for age</b>	<b>Appropriate for age</b>	<b>Needs development</b>	<b>Not at acceptable level</b>	<b>Comments</b>
Is attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listens in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contributes to group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates ability to focus on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respects classroom routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is willing to try new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses ideas well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If child is applying to 1st Grade**, please describe child's development of:

beginning reading skills: \_\_\_\_\_

beginning math skills: \_\_\_\_\_

**PERSONAL CHARACTERISTICS:** Please describe the child and include comments on the child's personality, maturity, confidence, assertiveness, humor and degree of independence. We welcome any other information you think might be helpful. Please use a separate sheet of paper for further comments in any category, if needed.

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**PARENT INVOLVEMENT:** Parental cooperation and involvement with the school (please describe):

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Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Phone number where we may reach you \_\_\_\_\_ Email \_\_\_\_\_



Please mail this form directly to ACDS:  
 Alexandria Country Day School  
 2400 Russell Road  
 Alexandria Virginia 22301  
 703.548.4804 | f 703.549.9022  
 www.acdsnet.org